Provider Inspection Summary

For the period 01/01/2003 to 12/31/2005 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: AIN DAH ING INC (510341)

Address: 704 N RIVER ST, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 04/01/1981

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096087 End Date: 12/08/2005 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095629 End Date: 09/08/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006300 Served 10/01/2005

		Compliance	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	10/14/2005	Yes
83.14(8)	DOCUMENTATION	10/14/2005	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	10/14/2005	Yes

Provider Inspection Summary

For the period 01/01/2003 to 12/31/2005 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0089812 End Date: 01/29/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006287 Served 02/11/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.14(1)(c)	UNIVERSAL PRECAUTIONS	09/08/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/08/2005	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	09/08/2005	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	09/08/2005	Yes
83.15(1)(c)1	ADEQUATE STAFFING	09/08/2005	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	09/08/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	09/08/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	09/08/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	09/08/2005	Yes

Provider Inspection Summary

For the period 01/01/2003 to 12/31/2005 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Enforcement History

Date: 02/10/2003 SOD #10006287 Appealed: No

Sanctions

OTHER SANCTION

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.14(3)

FORFEITURE---83.15(1)(c)

FORFEITURE---83.33(3)(e)6

FORFEITURE---83.41(10)

Provider Inspection Summary

For the period 01/01/2003 to 12/31/2005 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 01/03/2003 Date Investigation Completed: 01/29/2003

Subject Area(s)ResultSOD #SUPERVISIONSUBSTANTIATED10006287

RESIDENT BEHAVIOR/FACILITY PRACTICE NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS SUBSTANTIATED 10006287 STAFF TRAINING AND PROFICIENCY SUBSTANTIATED 10006287